

MISHAP INVESTIGATION	
NAME OF EMPLOYEE: _____	DATE: _____
LOCATION: _____	
SUPERVISOR: _____	EXT: _____
BRANCH CHIEF: _____	EXT: _____
DATE AND TIME OF MISHAP: _____	

MISHAP INVESTIGATION PART A				
	Yes	No	NA	Comments
Information Related to Injured/Operator Personnel				
1. Is employee physically qualified?				
2. Was employee trained to perform the job assignment?				
3. Was employee qualified, certified, or licensed to operate the equipment in use?				
4. Was employee familiar with operating instructions, and/or regulations related to the job?				
5. Were the operating instructions, safety standards, and/or regulations followed?				
6. Was personal protective equipment required? a. Was personal protective equipment used?				
7. Was sufficient time allocated to accomplish the task safely?				
Information Related to Supervisor/Management Personnel				
1. Has an operating instruction been published?				
2. Do the operating instructions contain safety standards and regulation requirements?				
3. Were the operating instructions, use of standards, and compliance with regulations enforced?				
4. Has management provided the supervisor sufficient resources to accomplish the assigned work load?				

MISHAP INVESTIGATION PART A				
	Yes	No	NA	Comments
Information Related to the Worksite				
1. Is the lighting sufficient?				
2. Is the noise level above 85db(A)?				
3. Is the surface free of hazards?				
4. Is the worksite arranged to eliminate mishap producing motions?				
5. Is the machinery properly guarded?				
6. Was the weather a factor?				
Information Related to the Equipment, if Applicable				
1. Is the equipment properly designed for the job?				
2. Has the equipment been inspected and certified?				
3. Is the equipment properly used, placed, or arranged?				
4. Is the equipment properly guarded?				
5. Was there equipment failure?				
6. Was equipment properly maintained?				
7. Was there any other MHE, material, etc. involved?				
8. Was any evidence removed?				
9. Were any photos taken?				
10. I.D. number:				
11. What was the position of the MHE involved? _____				

MISHAP INVESTIGATION PART B
Mishap Events
Date/Time Supervisor Notified:
Describe the Mishap:

MISHAP INVESTIGATION PART B
Injury:
Location of injury:
Employee's frame of mind:
Were emergency services used?
Employee's Statement (use additional paper, if necessary)
Witness's Statement (use additional paper, if necessary)

MISHAP INVESTIGATION PART B

Supervisor's Statement (use additional paper, if necessary)

Recommendations (use additional paper, if necessary)

Employee Signature: _____ Date: _____

Witness's Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____